

# Political Organization Report of Contributions and Expenditures

OMB No 1545-1696

▶ See Separate instructions.

**A** For the period beginning **January 1**, 20 **13** and ending **June 30**, 20 **13**

**B** Check applicable boxes ☐ Initial report ☐ Change of address ☐ Amended report ☐ Final report

**1** Name of organization  
**NORTHERN KENTUCKY TEA PARTY INC**  
**Employer identification number**  
**27 0571444**

**2** Mailing address (P O Box or number, street, and room or suite number)

**246 MAIN STREET**

City or town, state, and ZIP code

**FLORENCE, KY 41042**

**3** E-mail address of organization

**billmcelheney@hotmail.com**

**4** Date organization was formed

**07/20/2009**

**5a** Name of custodian of records

**WM L MCELHENEY**

**5b** Custodian's address

**246 MAIN STREET**

**FLORENCE, KY 41042**

**6a** Name of contact person

**WM L MCELHENEY**

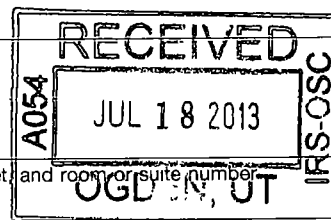
**6b** Contact person's address

**246 MAIN STREET**

**FLORENCE, KY 41042**

**7** Business address of organization (if different from mailing address shown above) Number, street, and room or suite number

City or town, state, and ZIP code



**8** Type of report (check only one box)

**a** ☐ First quarterly report (due by April 15)

**b** ☐ Second quarterly report (due by July 15)

**c** ☐ Third quarterly report (due by October 15)

**d** ☐ Year-end report (due by January 31)

**e** ☒ Mid-year report (Non-election year only-due by July 31)

**f** ☐ Monthly report for the month of \_\_\_\_\_  
(due by the 20th day following the month shown above, except the December report, which is due by January 31)

**g** ☐ Pre-election report (due by the 12th or 15th day before the election)

(1) Type of election \_\_\_\_\_

(2) Date of election \_\_\_\_\_

(3) For the state of \_\_\_\_\_

**h** ☐ Post-general election report (due by the 30th day after general election)

(1) Date of election \_\_\_\_\_

(2) For the state of \_\_\_\_\_

**9** Total amount of reported contributions (total from all attached Schedules A).

**9** **13,198.81**

**10** Total amount of reported expenditures (total from all attached Schedules B)

**10** **6,513.77**

**Sign Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

*Wm L McElheney*  
Signature of authorized official

Date

*7/15/13*

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form **8872** (11-2002)

SCANNED AUG 01 2013

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Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization		Employer identification number
NORTHERN KENTUCKY TEA PARTY		27 0571444
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
ANN GREEN	RETIRED	
1885 GARDNERSVILLE RD	Contributor's occupation	
CRITTENDEN, KY 41030	RETIRED	\$ 500.00
	Aggregate contributions year-to-date ▶ \$	500.00
		Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
BARARIAN WASTE SERVICES		
12764 MCCOYS FORK RD	Contributor's occupation	
WALTON, KY 41091		\$ 5,000.00
	Aggregate contributions year-to-date ▶ \$	5000.00
		Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
MATHEW TOEBBEN	RETIRED	
541 BUTTERMILK PIKE	Contributor's occupation	
CRESCENT SPRINGS, KY 41017		\$ 1,000.00
	Aggregate contributions year-to-date ▶ \$	1000.00
		Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
AGGREGATE BELOW THRESHOLD		
	Contributor's occupation	
		\$ 6,698.81
	Aggregate contributions year-to-date ▶ \$	6698.81
		Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
		\$
	Aggregate contributions year-to-date ▶ \$	
		Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
		\$
	Aggregate contributions year-to-date ▶ \$	
		Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
		\$
	Aggregate contributions year-to-date ▶ \$	
		Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
		\$
	Aggregate contributions year-to-date ▶ \$	
		Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
		\$
	Aggregate contributions year-to-date ▶ \$	
		Date of contribution
<b>Subtotal</b> of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872		\$ 13,198.81

<b>Schedule B Itemized Expenditures</b>		Schedule B page <b>1</b> of <b>1</b>
Name of organization <b>NORTHERN KENTUCKY TEA PARTY INC</b>		Employer identification number <b>27 0571444</b>
Recipient's name, mailing address and ZIP code <b>MBA INSURANCE GROUP 7536 US HWY 42 FLORENCE, KY 41042</b>	Name of recipient's employer	Amount of expenditure <b>\$ 870.00</b>
	Recipient's occupation	Date of expenditure <b>06/17/2013</b>
Purpose of expenditure <b>LIABILITY INSURANCE</b>		
Recipient's name, mailing address and ZIP code <b>WNKR-FM P.O. BOX 182 DRY RIDGE, KY 41035</b>	Name of recipient's employer	Amount of expenditure <b>\$ 1607.50</b>
	Recipient's occupation	Date of expenditure <b>04/14/2013</b>
Purpose of expenditure <b>ADVERTISING</b>		
Recipient's name, mailing address and ZIP code <b>AGGREGATE BELOW THRESHOLD</b>	Name of recipient's employer	Amount of expenditure <b>\$ 4036.27</b>
	Recipient's occupation	Date of expenditure <b>VARIOUS</b>
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure <b>\$</b>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure <b>\$</b>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure <b>\$</b>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872		<b>\$ 6,513.77</b>

